

PTO/SB/21 (08-03)

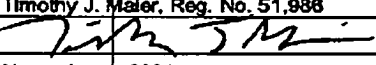
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/885,152	RECEIVED CENTRAL FAX CENTER NOV 04 2004
	Filing Date	Jul 2, 2001	
	First Named Inventor	BROWN, David R.	
	Art Unit	1756	
	Examiner Name	Chako Davis, Daborah	
Total Number of Pages in This Submission		Attorney Docket Number	MEMS-0160-US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): STATEMENT UNDER 37 CFR 3.73(b)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Customer Number 40576 Timothy J. Maler, Reg. No. 51,986
Signature	
Date	November 4, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Type or printed name	Timothy J. Maler, Reg. 51,986		
Signature		Date	November 4, 2004

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PTO/SB/17 (10-03)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number: 60-3136

Deposit Account Name: Keady, Olds & Mater, PLLC

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	790	395	Utility filing fee	
1002	2002	350	175	Design filing fee	
1003	2003	550	275	Plant filing fee	
1004	2004	790	395	Reissue filing fee	
1005	2005	180	80	Provisional filing fee	
SUBTOTAL (1) (\$)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims: ☐ -20~
Independent Claims: ☐ -3~
Multiple Dependent: ☐

Extra Claims: ☒ X
Fee from below: ☐ X

Fee Paid: ☐

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	2202	18	9	Claims in excess of 20	
1201	2201	68	44	Independent claims in excess of 3	
1203	2203	300	150	Multiple dependent claim, if not paid	
1204	2204	88	44	**Reissue independent claims over original patent	
1205	2205	18	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					

~ or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	1053	130	130	Non-English specification	
1812	1812	2,520	2,520	For filing a request for ex parte reexamination	
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action	
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action	
1251	2251	110	65	Extension for reply within first month	55.00
1252	2252	430	215	Extension for reply within second month	
1253	2253	980	490	Extension for reply within third month	
1254	2254	1,530	765	Extension for reply within fourth month	
1255	2255	2,080	1,040	Extension for reply within fifth month	
1401	2401	340	170	Notice of Appeal	
1402	2402	340	170	Filing a brief in support of an appeal	
1403	2403	300	150	Request for oral hearing	
1451	1451	1,310	1,310	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1,370	685	Petition to revive - unintentional	
1501	2501	1,370	685	Utility issue fee (or reissue)	
1502	2502	480	245	Design issue fee	
1503	2503	580	330	Plant issue fee	
1480	1480	130	130	Petitions to the Commissioner	
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)	
1808	1808	180	180	Submission of Information Disclosure Stmt	
8021	8021	40	40	Recording each patent assignment per property (three number of properties)	
1809	2809	790	395	Filing a submission after final rejection (37 CFR 1.129(e))	
1810	2810	790	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	2801	790	395	Request for Continued Examination (RCE)	
1802	1802	900	900	Request for expedited examination of a design application	
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$55.00)					

SUBMITTED BY

Name (Print/Type): Timothy J. Maier

Registration No. (Attorney/Agent): 51,988

Telephone: 1.703.740.8322

Signature: [Signature]

Date: 11/04/04

Complete (if applicable)

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